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Bib Data Sheet

CONFIRMATION NO. 4092

<b>SERIAL NUMBER</b> 09/745,825	<b>FILING OR 371(c) DATE</b> 12/21/2000 <b>RULE</b>	<b>CLASS</b> 345	<b>GROUP ART UNIT</b> 2628	<b>ATTORNEY DOCKET NO.</b> AT-00097
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 09/169,276 10/08/1998 ABN

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

PH

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 02/20/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 29	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>Phillips</i> Initials				

## ADDRESS

46718

## TITLE

Clinician review of an orthodontic treatment plan and appliance

<b>FILING FEE RECEIVED</b> 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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